

<b>Case Number:</b>	CM15-0117569		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	09/19/1999
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year old male who sustained an industrial injury on 06/19/1999. Current diagnoses include status post anterior cervical discectomy and fusion, status post left shoulder rotator cuff repair, and herniated nucleus pulposus of the lumbar spine. Previous treatments included medications, cervical surgery on 05/2013, and left shoulder surgery on 12/2009. Report dated 05/18/2015 noted that the injured worker presented with complaints that included neck pain with certain movements, increased low back pain with pain and numbness in the bilateral lower extremity, and gastrointestinal pain due to pain medications. Pain level was 3 (with medications) and 8 (without medications) out of 10 on a visual analog scale (VAS). The injured worker noted improvement with activities of daily living including bathing, dressing, and increased ability to stand, walk, shop for groceries, and prepare meals. Physical examination was positive for tenderness over the posterior cervical paraspinal muscles on the left with muscle spasms and myofascial trigger points, decreased cervical range of motion, tenderness in the left upper trapezius and left posterior scapular muscles with muscle spasms and myofascial trigger points, and decreased left shoulder range of motion. The treatment plan included a request for gastroenterology evaluation, written prescription for Oxycodone, Flexeril, and ranitidine, opioid treatment agreement was reviewed, proceed with pain management evaluation on 05/29/2015, and follow up in one month. Work status was documented as permanent & stationary. Disputed treatments include Flexeril 10 mg, #30.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Flexeril 10mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain, and Antispasmodics-Cyclobenzaprine (Flexeril) Page(s): 63, 64.

**Decision rationale:** The California MTUS chronic pain medical treatment guidelines provide specific guidelines for the use of muscle relaxants. "Recommendation is for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Flexeril is not recommended to be used for longer than 2-3 weeks." A review of the injured workers medical records reveal that pain level was 3 (with medications) and 8 (without medications) out of 10 on a visual analog scale (VAS). The injured worker noted improvement with activities of daily living including bathing, dressing, and increased ability to stand, walk, shop for groceries, and prepare meals. Physical examination was positive for tenderness over the posterior cervical paraspinal muscles on the left with muscle spasms and myofascial trigger points, decreased cervical range of motion, tenderness in the left upper trapezius and left posterior scapular muscles with muscle spasms and myofascial trigger points, and decreased left shoulder range of motion. Due to the injured worker's clinical presentation the continued use of Flexeril appears appropriate in this injured worker and therefore the request for Flexeril 10mg #30 is medically necessary.